

ISDH Hospital Service Report

State Form 49476 (R /7-02) IC 16-21-6

I. Hospital Information

Hospital Name: DEKALB MEMORIAL HOSPITAL, INC.

Provider #: 15-0045 City: Auburn

> County: DeKalb Year: 2012

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

DRG Exempt: Psych Rehab Swing Bed

Number of Total Hospital Full Time Equivalents 437.19

II. Hospital Service Utilization

Hospital Service Description	Number of Set-up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	6	439	1141	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	31	1019	3390	\$0
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	10	422	864	\$0
Obstetrics	10	432	1006	\$0
Pediatric	0	0	0	\$0
Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	0	0	\$0
Extended Care	0	0	0	\$0
Observation Beds				

	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	57	2312	6401	NA

III. Nursing Facility Utilization

	Number of	Number of	Number of
	Licensed Beds	Discharges	Patient Days
Nursing Facility	0	0	0

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	547	HIV	6
Neoplasms	1378	Endocrine	7885
Diseases of Blood	905	Mental Disorders	715
Nervous	1634	Circulatory	5186
Respiratory	2703	Digestive Diseases	2517
Genitourinary	4034	Pregnancy	1278
Skin	1091	Musculoskeletal	8599
Congenital	97	Perinatal	198
All Injuries	4491		
Other/Known	10039	Total Encounters	53303

Total ED Visits	ED Injury Visits	ED Injury Admissions
17286	4000	58

Comments